

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 43

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full) MIKE GRAVEL FOR PRESIDENT 2008		2. IDENTIFICATION NUMBER C00423202	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1600 N OAK ST #1412			
CITY, STATE, and ZIP CODE ARLINGTON VA 22209		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General	

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input checked="" type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____
 on _____

IS THIS REPORT AN AMENDMENT ☒ YES ☐ NO

5. COVERING PERIOD	FROM 08/01/2008	THROUGH 08/31/2008
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SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD 91.72 7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) 775.00 8. SUBTOTAL (Lines 6 and 7) 866.72 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) 657.06 10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) 209.66 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) 277.09 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) 186771.73 13. EXPENDITURES SUBJECT TO LIMITATION 551493.68	91.72 775.00 866.72 657.06 209.66 277.09 186771.73 551493.68
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) 506736.03 15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) 551493.68	506736.03 551493.68

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer MIKE GRAVEL	Date 02/17/2008
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	FEC FORM 3P (01/2001)
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DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 43**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

MIKE GRAVEL FOR PRESIDENT 2008

Report Covering the Period

From: 08/01/2008

To: 08/31/2008

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	775.00	505698.43
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	1037.60
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		775.00	506736.03
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	73515.73
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	73515.73
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	0.00
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	351.58
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	775.00	580603.34
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	657.06	551493.68
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	28900.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	28900.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	657.06	580393.68
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full)**MIKE GRAVEL FOR PRESIDENT 2008****ADDRESS (number and street)**

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON

VA

22209

2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	10454.40
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachusetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	10454.40

Schedule A-P

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

ANGELIQUE JINGOZIAN

Mailing Address

20431 SW CRESTMONT PL

City

SHERWOOD

State

OR

Zip Code

97140

FEC ID number of contributing
federal political committee.

Name of Employer
ANGELVISION TECHNOLOGIES

Occupation
DIRECTOR

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Amount of Each Receipt this Period

750.00

CONTRIBUTION

Transaction ID: SA17A.20593

B.

Full Name (Last, First, Middle Initial)

Jeremy Murray

Mailing Address

106 Cabrini Blvd 6H

City

New York

State

NY

Zip Code

10033

FEC ID number of contributing
federal political committee.

Name of Employer
UCSD

Occupation
grad student

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Transaction ID: SA17A.20582

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

775.00

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) AUTHORIZENET CORP	Transaction ID: SB23.20534 Date of Disbursement																				
Mailing Address 915 SOUTH 500 EAST SUITE 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	8												
City AMERICAN FORK State UT Zip Code 84003	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD MERCHANT PROCESSING FEES	<table border="1"> <tr> <td colspan="10">94.59</td> </tr> </table>	94.59																			
94.59																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COMCAST CABLE	Transaction ID: SB23.20538 Date of Disbursement																				
Mailing Address P.O. BOX 196	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City NEWALK State NJ Zip Code 07101	Amount of Each Disbursement this Period																				
Purpose of Disbursement INTERNET/TELEPHONE	<table border="1"> <tr> <td colspan="10">387.96</td> </tr> </table>	387.96																			
387.96																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paypal Inc	Transaction ID: SB23.20643 Date of Disbursement																				
Mailing Address 7615 37th Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	8												
City Jackson Heights State NY Zip Code 11372	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYPAL PROCESSING CHARGES AUGUST 08	<table border="1"> <tr> <td colspan="10">1.03</td> </tr> </table>	1.03																			
1.03																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

483.58

TOTAL This Period (last page this line number only)

X	23		24		25		26		27a
	27b		28a		28b		28c		29

NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

FEC Schedule B (Form 3P)

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966	Transaction ID: SB23.20535 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	0	8													
City Charlotte State NC Zip Code 28262 Purpose of Disbursement OVERDRAFT FEES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>35.00</td> </tr> </table> 101 Category/Type	35.00																				
35.00																						
B. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement OVERDRAFT FEES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.20536 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>35.00</td> </tr> </table> 101 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	8	35.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	4		2	0	0	8													
35.00																						
C. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement OVERDRAFT FEE REFUND Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.20540 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>-140.00</td> </tr> </table> 101 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8	-140.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	5		2	0	0	8													
-140.00																						

SUBTOTAL of Disbursements This Page (optional) ►

-70.00

TOTAL This Period (last page this line number only) ►

Schedule B-P

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address P.O. Box 563966

City
Charlotte

State
NC

Zip Code
28262

Purpose of Disbursement
OVERDRAT FEE

101

Category/
Type

Candidate Name
MIKE GRAVEL FOR PRESIDENT 2008

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.20539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

657.06

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4621

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

30000.00

Cumulative Payment To Date

23900.00

Balance Outstanding at Close of This Period

6100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 4Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6100.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4629

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 4Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 / 43

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4622

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 7Y Y Y Y
2 0 0 6

12/31/2006

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4623

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 7Y Y Y Y
2 0 0 6

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

100.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 / 43

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4726

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 5Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4743

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
3 0Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4744

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
1 8Y Y Y Y
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5215

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

806.74

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

806.74

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 7Y Y Y Y
2 0 0 7

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

806.74

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5217

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

181.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

181.87

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 7Y Y Y Y
2 0 0 7

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

181.87

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5220

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

95.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95.70

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 3Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

95.70

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5216

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 5Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1500.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5219

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

43.59

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

43.59

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 6Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

43.59

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 / 43

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5221

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
2 8Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-PUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 / 43

LOANSFOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5218

LOAN SOURCE Full Name (Last, First, Middle Initial)
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

787.83

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

787.83

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 8Y Y Y Y
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

787.83

TOTALS This Period (last page in this line only) ▶

44615.73

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 / 43

FOR LINE NUMBER:
(check only one)☒ 11
☐ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Paypal IncNature of Debt (Purpose):
BALANCE IN PAYPAL NOT YET
TRANSFERRED

Mailing Address 7615 37th Ave

City State ZIP Code
Jackson Heights NY 11372

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD11.20545

Amount Incurred This Period

24.74

Payment This Period

0.00

Outstanding Balance at Close of This Period

24.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
POWERPAYNature of Debt (Purpose):
CR CARD DONATIONS HELD
BY CC MERCHANT

Mailing Address 280 FORE ST

City State ZIP Code
PORTLAND ME 04101

Outstanding Balance Beginning This Period

252.35

Transaction ID: SD11.20592

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

252.35

1) **SUBTOTALS** This Period This Page (optional)..... ▶

277.09

2) **TOTALS** This Period (last page this line number only)..... ▶

277.09

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

277.09

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRISTINE D'AMICONature of Debt (Purpose):
CONSULTING FEES FIELD REP
CTMailing Address 2612 NORTH AVE
D-9City State ZIP Code
BRIDGEPORT CT 06604

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.20453

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):
LEGAL FEES APRIL 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

6914.00

Transaction ID: SD12.20016

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6914.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):
LEGAL FEES MAY 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

313.00

Transaction ID: SD12.20247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

313.00

1) **SUBTOTALS** This Period This Page (optional).....

8727.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):
LEGAL FEES AUGUST 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20372

Amount Incurred This Period

936.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

936.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jacobson ElliottNature of Debt (Purpose):
CONSULTING NATIONAL FIELD
DIRECTOR

Mailing Address 1001 3rd Street, SW

City State ZIP Code
Washington DC 20024

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20419

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jacobson ElliottNature of Debt (Purpose):
CONSULTING NATIONAL FIELD
DIRECTOR

Mailing Address 1001 3rd Street, SW

City State ZIP Code
Washington DC 20024

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20418

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

6936.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jacobson ElliottNature of Debt (Purpose):
CONSULTING - FUNDRAISING

Mailing Address 1001 3rd Street, SW

City State ZIP Code
Washington DC 20024

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20014

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MIKE GRAVELNature of Debt (Purpose):
EXPENSE REIMBURSEMENT -
HQ RENTAL

Mailing Address 1600 NO OAK ST APT 1412

City State ZIP Code
ARLINGTON VA 22209

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20648

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MIKE GRAVELNature of Debt (Purpose):
EXPENSE REIMBURSEMENT HQ
RENTAL

Mailing Address 1600 NO OAK ST APT 1412

City State ZIP Code
ARLINGTON VA 22209

Outstanding Balance Beginning This Period

250.00

Transaction ID: SD12.20649

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

2250.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
MIKE GRAVELNature of Debt (Purpose):
EXPENSE REIMBURSEMENT HQ
RENTAL

Mailing Address 1600 NO OAK ST APT 1412

City State ZIP Code
ARLINGTON VA 22209

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20650

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUSAN GRIFFINNature of Debt (Purpose):
CAMPAIGN COORDINATIONMailing Address 5520 COVINGTON CT
#106City State ZIP Code
DEARBORN MI 48126

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20436

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MINDI IDENNature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
COORDINATION

Mailing Address 149 S. Barrington Ave. #326

City State ZIP Code
LOS ANGELES CA 90049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.19797

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

3775.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
BECKY ISAISNature of Debt (Purpose):
CONSULTING FEE FOR FIELD
REP NV

Mailing Address 5512 VISTA RIDGE WAY

City State ZIP Code
KEARNS UT 84118

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20450

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20411

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20412

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

6050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.19794

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RODRIGUEZ JOSENature of Debt (Purpose):
CONSULTING FEES CAMPAIGN
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20015

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
CONSULTING FOR ACCOUNTING
SERVICES

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 CONSULTING FOR ACCOUNTING
 SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 CONSULTING FOR ACCOUNTING
 SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.19795

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 CONSULTING FOR ACCOUNTING
 SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20427

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
CONSULTING FOR ACCOUNTING
SERVICES

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20428

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
CONSULTING FOR ACCOUNTING
SERVICES

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20011

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
KG INTERNATIONALNature of Debt (Purpose):
CONSULTING FOR ACCOUNTING
SERVICES

Mailing Address 11311 TRENTON CT

City State ZIP Code
BRISTOW VA 20136

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

4500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 CONSULTING FOR ACCOUNTING
 SERVICES

Mailing Address 11311 TRENTON CT

 City State ZIP Code
 BRISTOW VA 20136

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD12.20332

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 CONSULTING FOR ACCOUNTING
 SERVICES

Mailing Address 11311 TRENTON CT

 City State ZIP Code
 BRISTOW VA 20136

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD12.20371

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 KG INTERNATIONAL

 Nature of Debt (Purpose):
 CONSULTING FOR ACCOUNTING
 SERVICES

Mailing Address 11311 TRENTON CT

 City State ZIP Code
 BRISTOW VA 20136

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20375

Amount Incurred This Period

850.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

850.00

1) **SUBTOTALS** This Period This Page (optional).....

1850.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NEIL KIERNAN STEPHENSONNature of Debt (Purpose):
CONSULTING FEES MI FIELD
REPRESENTATIVE

Mailing Address 52177 LEXINTON LN

City State ZIP Code
CHESTERFIELD MI 48051

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20438

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AFIFA KLOUJNature of Debt (Purpose):
CONSULTING FEES FOR OFFICE
MANAGEMENTMailing Address 1001 3RD STREET SW
#804City State ZIP Code
WASHINGTON DC 20024

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20440

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JON KRAUSNature of Debt (Purpose):
CONSULTING FEES DEPUTY
CAMPAIGN MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code
EMMAUS PA 18049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20416

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

4575.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JON KRAUSNature of Debt (Purpose):
CONSULTING FEES DEPUTY
CAMPAIGN MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code
EMMAUS PA 18049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JON KRAUSNature of Debt (Purpose):
CONSULTING FEES DEPUTY
CAMPAIGN MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code
EMMAUS PA 18049

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.19791

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JOE LAURIANature of Debt (Purpose):
CONSULTING FEES NATL PUBL-
ICITY DIRECTORMailing Address 205 PINEHURST AVE
#6JCity State ZIP Code
NEW YORK NY 10033

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20430

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

1) **SUBTOTALS** This Period This Page (optional).....

6050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
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☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mosier lynneNature of Debt (Purpose):
CONSULTING FEES CALIFORNIA
COORDINATOR

Mailing Address 76 patrick way

City State ZIP Code
half moon bay CA 94019

Outstanding Balance Beginning This Period

5000.00

Transaction ID: SD12.19793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SKYLER MCKINLEYNature of Debt (Purpose):
CONSULTING FOR INFORMATI-
ON TECHNOLOGY

Mailing Address 1815 S. QUEEN WAY

City State ZIP Code
LAKEWOOD CO 80232

Outstanding Balance Beginning This Period

5000.00

Transaction ID: SD12.20457

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CASEY MCLLVINENature of Debt (Purpose):
CONSULTING ALTERNATIVE DE-
BATE TECHNOLOGY

Mailing Address 225 LYCEUM AVE

City State ZIP Code
PHILADELPHIA PA 19128

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD12.20455

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional).....

10500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAVID NELSON VAN-DETTENature of Debt (Purpose):
CONSULTING FIELD REP FL

Mailing Address 1013 RIDGE ROAD

City State ZIP Code
LARGO FL 33770

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20444

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAVID NELSON VAN-DETTENature of Debt (Purpose):
CONSULTING FEES FIELD REP
FL

Mailing Address 1013 RIDGE ROAD

City State ZIP Code
LARGO FL 33770

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20446

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING FEES FOR WEBIS-
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

10000.00

Transaction ID: SD12.18207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

1) **SUBTOTALS** This Period This Page (optional).....

11575.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
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☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING FEES FOR WEBIS-
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING FEES FOR WEBIS-
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING FEES FOR WEBIS-
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20423

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
NETWORK GUILD LLCNature of Debt (Purpose):
CONSULTING FEES FOR WEBIS-
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20424

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICKNature of Debt (Purpose):
CONSULTING FEES FOR CAMPA-
IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20012

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICKNature of Debt (Purpose):
CONSULTING FEES FOR CAMPA-
IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

1) **SUBTOTALS** This Period This Page (optional).....

17496.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICKNature of Debt (Purpose):
CONSULTING FEES FOR CAMPA-
IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20425

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHRIS PETHRICKNature of Debt (Purpose):
CONSULTING FEES FOR CAMPA-
IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

3749.00

Transaction ID: SD12.20426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3749.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GEORGE REBHNature of Debt (Purpose):
PHOTOGRAPH

Mailing Address 4899 35TH RD NORTH

City State ZIP Code
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.20448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional).....

13247.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
George RipleyNature of Debt (Purpose):
CONSULTING FEES FIELD REP
DC

Mailing Address 1425 Monroe S. NW

City State ZIP Code
Washington DC 20010

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20447

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
APRIL SHARPLEYNature of Debt (Purpose):
CONSULTING CAMPAIGN COORD-
INATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code
AUSTIN TX 78727

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
APRIL SHARPLEYNature of Debt (Purpose):
CONSULTING CAMPAIGN COORD-
INATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code
AUSTIN TX 78727

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.19798

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional).....

4525.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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FOR LINE NUMBER:
(check only one)☐ 11
☒ 12NAME OF COMMITTEE (In Full)
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
STACEY STANDLEYNature of Debt (Purpose):
CONSULTING FOR ENVIRONME-
NT ISSUES

Mailing Address 5114 TURNBURY LN

City State ZIP Code
SPANISH TRAIL NV 89113

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20452

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAN SWARTZNature of Debt (Purpose):
FILM PRODUCTIONMailing Address 95 HORATIO ST
APT 406City State ZIP Code
NEW YORK NY 10014

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20432

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RICH SWARTZNature of Debt (Purpose):
FILM PRODUCTIONMailing Address 95 HORATIO ST
APT 406City State ZIP Code
NEW YORK NY 10014

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20434

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

1) **SUBTOTALS** This Period This Page (optional).....

4600.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 TELENOMICS GROUP

 Nature of Debt (Purpose):
 CONSULTING FOR DATABASE
 MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City	State	ZIP Code
ST LOUISE	MO	63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 TELENOMICS GROUP

 Nature of Debt (Purpose):
 CONSULTING FOR DATABASE
 MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City	State	ZIP Code
ST LOUISE	MO	63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 TELENOMICS GROUP

 Nature of Debt (Purpose):
 CONSULTING FOR DATABASE
 MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City	State	ZIP Code
ST LOUISE	MO	63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

9000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

PAGE 43 / 43

FOR LINE NUMBER:
(check only one)☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TELENOMICS GROUPNature of Debt (Purpose):
CONSULTING FOR DATABASE
MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.19796

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TELENOMICS GROUPNature of Debt (Purpose):
CONSULTING FOR DATABASE
MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20420

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

142156.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

44615.73

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

186771.73